

Ideas for Closing Performance Gaps

Key Activity: Provide Anticipatory Guidance

Rationale: Anticipatory guidance is specific, preventative information given to patients and families to improve the well-being of pediatric patients by reducing injuries and meeting basic needs (eg, nutrition, sleep patterns, behavior issues) which, ultimately, promotes healthy coping and an understanding of normal child and adolescent development.

Bright Futures guidelines recommend anticipatory guidance topics for various age groups, including middle childhood and adolescence, which standardizes how health care professionals determine which topics to discuss at each visit. The process uses Bright Futures Priorities for the Visit for each health supervision visit.

Bright Futures guidelines recommend 5 priorities for each visit, which provides a systematic approach for providing anticipatory guidance for the 31 recommended health supervision visits from infancy through late adolescence.

Potential Barriers	Suggested Ideas for Change
Gap: <i>Bright Futures Priorities (Anticipatory Guidance) are not discussed or materials provided.</i>	
The practice does not have a system for providing anticipatory guidance during a health supervision visit.	<ol style="list-style-type: none"> 1. Develop a systematic, practicewide approach to provide anticipatory guidance at every health supervision visit. 2. Establish an office development team to create and/or select Bright Futures content, and then design the system where handouts are attached to the patient's chart prior to the visit. 3. After deciding on the tools you will use for developmental screening, design a process to send the tools to the parent/caregiver or patient one week before the scheduled visit. When the office calls to remind the parent/caregiver or patient about the appointment, prompt the parent/caregiver or patient to bring the screening tools to the visit.
The health care professional does not routinely document that anticipatory guidance was provided during health supervision visit.	<ol style="list-style-type: none"> 1. After each patient visit, document in the patient's medical record that anticipatory guidance was provided. 2. Use school-age and/or adolescent-appropriate Bright Futures forms in the <i>Bright Futures Tool and Resource Kit</i> to document anticipatory guidance discussion. 3. Incorporate anticipatory guidance documentation into your electronic health record system.

Potential Barriers	Suggested Ideas for Change
<p>The health care professional is not familiar with Bright Futures priorities for offering age-appropriate anticipatory guidance.</p>	<ol style="list-style-type: none"> 1. Review your documentation system (paper/electronic) to ascertain whether the prompts include the Bright Futures Priorities for the Visit. Use or adapt age-appropriate Bright Futures visit documentation forms, which provide reminders and facilitate documentation of the 5 anticipatory guidance priority areas for each age group. 2. Provide a Bright Futures Patient/Parent educational handout that covers all necessary content, available in the <i>Bright Futures Tool and Resource Kit</i>. 3. Consider adding complementary materials to the Bright Futures resources, for example: <ul style="list-style-type: none"> • Connected Kids • Healthychildren.org • Fostering Resilience • Young Women's Health • Young Men's Health 4. Laminate Bright Futures resources for use in each examination room.
<p>The health care professional and parent/patient do not share the same agenda for a health supervision visit.</p>	<ol style="list-style-type: none"> 1. Create a shared agenda when providing anticipatory guidance: <ul style="list-style-type: none"> • Ask about parental and patient concerns at the time the appointment is scheduled. • Use the Bright Futures previsit and supplemental questionnaires to focus on areas of parental concern and/or topics needing counseling that align with the 5 priorities. • Standardize handouts for appropriate ages and development. Consider providing Bright Futures Parent/Patient educations handouts for school-aged and adolescent patients following a health supervision visit. • Make sure reputable information about common topics of interest are available in the waiting room or on the office Web site. 2. Note in the patient's medical record that an opportunity was given to discuss concerns and whether any concerns were expressed. 3. Review resources for additional information about common parental and patient concerns and how to address them. See content suggestions. 4. Address patient education regarding additional sources of information and education, for example, the library, Web sites, and community resources.

Potential Barriers	Suggested Ideas for Change
The practice does not have standardized anticipatory guidance handouts available.	<ol style="list-style-type: none"> 1. Use the Bright Futures Parent/Patient educational handout for school age and adolescent appropriate anticipatory guidance. 2. Review the lessons learned in the Bright Futures Training Intervention project and your practice's materials to determine gaps. 3. Use flyers and handouts on adolescent health from the Adolescent Health Working Group resources.
The health care professional does not have time to provide anticipatory guidance at each health supervision visit.	<ol style="list-style-type: none"> 1. Develop a practice policy that addresses using previsit questionnaires to screen for high-priority issues/topics to be discussed during each health supervision visit. 2. Allow additional time during the health supervision visit to discuss patient and family issues/concerns. 3. Schedule a follow-up appointment with the health care professional or nurse if/when more in-depth anticipatory guidance is needed. 4. Consider working with health educators if available to provide health education based on previsit questionnaires. 5. Consider providing group educational visits for families and patients on those high-priority topics that are assessed to be positive (eg, how to eat healthy). 6. For adolescents, consider scheduling additional time to allow for confidential adolescent psychosocial assessments and developmentally appropriate anticipatory guidance. 7. Develop a system to ensure that provider time taken to provide anticipatory guidance is appropriately billed and/or compensated.
The practice does not have a system to effectively track anticipatory guidance longitudinally.	<p>Develop a system to document that anticipatory guidance and appropriate handouts were provided.</p> <ul style="list-style-type: none"> • Begin the process with 1 or 2 partners in your practice to test the process, then reevaluate, make necessary changes, and gradually incorporate it into a practicewide policy. • Start incrementally by selecting a single topic that can be addressed in a developmentally appropriate way from infancy through adolescence. <ul style="list-style-type: none"> ○ Consider motor vehicle and passenger safety because it is a component element of the priorities for every recommended visit. • Document that anticipatory guidance was given and/or a brochure was explained and given to the patient/parent. • Use the Bright Futures visit forms (or a similar standardized documentation form) to document topics that warrant follow-up discussion at the next health supervision visit, and to document that follow-up discussion occurred.

Potential Barriers	Suggested Ideas for Change
<p>The health care professional and/or patient/parent have cultural and/or language barriers.</p>	<ol style="list-style-type: none"> 1. Provide training for health care professionals and office staff that promotes culturally effective or culturally competent care, and avoids stereotyping patients and families. 2. Review questionnaires and handouts to determine if they are written at an appropriate reading level for your patient population. 3. Instruct the office staff to ask every patient and parent who completes a form in the office if she or he needs help completing the form. 4. Place an alert in the chart if the family needs assistance with reading or writing, and develop an office policy on how best to assist him or her. 5. Identify an interpreter who is available to work with the patient and/or family during the visit. Add an alert to the patient's medical record in the special needs section that indicates an interpreter is necessary. Avoid using children and adolescents as interpreters for their families. 6. Refer the patient/parent to Web sites and other sources for additional information to address their concerns.
<p>The health care professional challenges in providing anticipatory guidance to adolescents relevant to confidential issues including sexual health, alcohol, cigarette and substance use, and mental health.</p>	<ul style="list-style-type: none"> • Provide staff and health care professional training to ensure confidential services to adolescents, including providing anticipatory guidance information relevant to adolescent behaviors that are considered under the scope of confidential services. <ul style="list-style-type: none"> • See AAP Provider Tools for Confidentiality and Minor Consent. • Work with staff and health care professionals to ensure patient information regarding anticipatory guidance related to confidential information is kept confidential and private. This includes protected content of the discussion with the adolescent, as well as previsit questionnaires that elicit sensitive adolescent issues. • The Adolescent Health Working Group provides tools and tips for professionals, an office self-assessment chart, back office policy recommendations, advice for engaging adolescents and supporting parents, and office handouts/flyers. • Develop clinic patient flow that incorporates a confidential visit with the health care professional as a part of the overall health supervision visit. • Discuss and offer handouts to families describing the importance of meeting with adolescents individually and protecting confidentiality around sensitive issues, as well as the limits of confidentiality.